Assembly

Record of Committee Proceedings

Committee on Consumer Affairs

Senate Bill 337

Relating to: the regulation of music, art and dance therapists and providing a penalty.

By Senators Rosenzweig, Risser and Grobschmidt; cosponsored by Representatives Kreibich, Hanson, Hahn and Cullen.

March 16, 1998

Referred to committee on Consumer Affairs.

March 23, 1998

PUBLIC HEARING HELD

(2)

Present:

(6) Representatives Otte, Johnsrud, Ott, M.

Lehman, Williams and Black.

Absent:

Representatives Urban and Hasenohrl.

Appearances for

- Laurie Farnan, Wisconsin Chapter for Music Therapy, Milwaukee
- Nancy Dexter-Schabow, Wisconsin Chapter for Music Therapy, Milwaukee
- Jeanine Kold, American Dance Therapy Association -Wisconsin Chapter, Madison
- Grace Valentine, American Dance Therapy Association -Wisconsin Chapter, Madison
- Dr. Dale Taylor, Wisconsin Music Therapy Association, Eau Claire
- Wilma Wernick, Wisconsn Art Therapy Association
- Lynn Kapitan, Wisconsin Art Therapy Association
- Secretary Marlene A. Cummings, Department of Regulation & Licensing, Madison

Appearances against

• None.

Appearances for Information Only

• None.

Registrations for

- Senator Peggy Rosenzweig, author, 5th Senate District
- Representative WIlliam Vander Loop

- Ann Wingate, Madison
- Dr. Stephen Seaman, Chair, Psychology Examining Board
- Michelle Schumacher, Madison
- Daniel J. Dexter, Wisconsin Chapter for Music Therapy, Milwaukee
- Jane M. Meyer, Madison
- Dori Regnier, Madison
- Laura Rogers, Madison

Registrations against

• None.

March 24, 1998 **EXECUTIVE SESSION**

Present: (8) Representatives Otte, Johnsrud, Ott, M. Lehman, Urban, Williams, Hasenohrl and Black.

Absent: (0) None.

Moved by Representative Johnsrud, seconded by Representative Black, that Senate Bill 337 be recommended for concurrence.

Ayes: (8) Representatives Otte, Johnsrud, Ott, M. Lehman, Urban, Williams, Hasenohrl and Black.

Noes: (0) None. Absent: (0) None.

CONCURRENCE RECOMMENDED, Ayes 8, Noes 0, Absent 0

Daniel A. Young Committee Clerk

Assembly Hearing Slip

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Assembly Sergeant at Arms
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State Capitol
Madison, WI 53702

Assembly Sergeant at Arms Room 411 West

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Assembly Sergeant at Arms

Room 411 West State Capitol

Madison, WI 53702

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Assembly Hearing Slip

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Assembly Hearing Slip

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Assembly Sergeant at Arms
Room 411 West
State Capitol

Madison, WI 53702

Speaking for *information only;*Neither for nor against:

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State Capitol
Madison, WI 53702

Assembly Hearing Slip

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Date: MARCH 23, 1998

BIII No. S. & 337 Subject Subject (Name) 1400 E. Washing ton Auc. (Street Address or Route Number) NAdison S. 3703 (City & Zip Code) (Representing)

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> Please return this slip to a messenger prompily. Assembly Sergeant at Arms

Madison, WI 53702 Room 411 West State Capitol

Assembly Hearing Slip

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Assembly Sergeant at Arms Room 411 West State Capitol Madison, WI 53702

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Speaking for *information only;* Neither for nor against:

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(Please print plainly)	Date: 3/33/98	BIII No, 138 /	Subject	Michelle Chumades	(Name)	(Street Address or Route Number)	MARKON - W. 53705	(City & Zip Code)	(Representing)	Speaking <i>in favor:</i>	Speaking against:	Registering In favor:	Registering against:	Speaking for <i>Information only;</i> Neither for nor against:

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Please return this slip to a messenger promptly. Assembly Sergeant at Arms Room 411 West Speaking for *information only;* Nelther for nor against: State Capitol Madison, WI

53702

Assembly

Committee Report

The committee on **Consumer Affairs**, reports and recommends:

Senate Bill 337

Relating to: the regulation of music, art and dance therapists and providing a penalty.

By Senators Rosenzweig, Risser and Grobschmidt; cosponsored by Representatives Kreibich, Hanson, Hahn and Cullen.

CONCURRENCE RECOMMENDED, Ayes 8, Noes 0, Absent 0

Ayes: (8) Representatives Otte, Johnsrud, Ott, M. Lehman, Urban, Williams, Hasenohrl and Black.

Noes: (0) None.

Absent: (0) None.

Representative Clifford Otte

Chair

Vote Record

Assembly Committee on Consumer Affairs

Date: 3-24-98	Ex	ecutive Se	ession	Public I	
Bill Number: 56 33 / Moved by:	,	Secondec	d by:	luck	
Motion:					
Concurrence				······································	Western the state of the state
Committee Member	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Preser</u>	nt Absent
Rep. Clifford Otte, Chair					
Rep. DuWayne Johnsrud					
Rep. Alvin Ott					
Rep. Michael Lehman					
Rep. Frank Urban	\square				
Rep. Annette Polly Williams					
Rep. Donald Hasenohrl					
Rep. Spencer Black					
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1997 Session

FISCAL ESTIMATE	ORIGINAL		JPDATE	LRI	B or Bill No./Adm. Rul	e No.	Amendment No.
DOA-2048 (R10/94)	CORRECTED	□s	SUPPLEMENTAL		337 -36 2	25/6	
Subject Regulation of music, art a	nd dance thera	apists an	d providing a per	nalty			
Fiscal Effect							
State: No State Fiscal Eff	fect						
Check columns below	w only if bill mal	kes a dire	ct appropriation or	affects	s a sum sufficient a	ppropr	iation.
Increase Existing A	Appropriation	Incre	ease Existing Reven	ues			be possible to absorb
Decrease Existing Appropriation Decrease Existing Revenues within agency's budget Yes No							
Create New Approp	oriation				Decrease Cost	3	
Local: No local government 1. Increase Costs Permissive Mandatory	3.	ase Revenu ermissive	ue Mandatory		pes of local government	ent unit Villages	-
2. Decrease Costs	3. Decre	ase Reven	nue .	Пс	ounties	Others	
Permissive Mandatory Fund Sources Affected	y Pe	ermissive	Mandatory Affected Ch. 20 A			NTC \$	Districts
GPR FED PRO	□ PRS □	SEG-S	20.165 (1) (g)	ppropr	iations	•	
Assumptions Used in Arriving at Fiscal		320-3					•
This bill requires the department to issue a certificate of registration as a music, art or dance therapist when they pay an initial credential fee and submit evidence that he or she is certified, registered or accredited by a national organization approved by the department. The department estimates that it will issue 200 initial credentials during the first year of registration, increasing revenues by \$8,200. During the first renewal period, the revenues will increase by \$8,200 received as renewal fees.							
There may be costs associated with	th enforcemen	t of these	e professions, bu	ıt, at ti	nis time, the costs	are	unknown.
•							
Long-Range Fiscal Implications		***************************************					
Agency/Prepared by:	Au	thorized S	Signature			Da	ite
Department of Regulation and Lie Patricia C. McCormack	censing	Shi	. C. Me Con	m	ch		10/14/97

FISCAL ESTIMATE WORKSHEET			SB 337	1997 Session			
Detailed Estimate of Annual Fiscal Effect	☑ ORIGINAL	☐ UPDATE	LRB or Bill No./Ad	m. Rule No. Amendment No			
DOA-2047 (R10/94)			LrB 362	5/6			
Subject Regulation of music, art, and dance therap	ists and providing						
. One-time Costs or Revenue Impacts for State			in annualized fiscal	officat):			
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. Annualized Costs:			Annualized Fiscal impact on State funds from:				
A. State Costs by Category		Increased Costs Decreased Costs					
State Operations - Salaries and Fringe	s	\$		\$ -			
(FTE Position Changes)		(FTE)	(- FTE)			
State Operations - Other Costs							
Local Assistance							
Aids to Individuals or Organizations							
TOTAL State Costs by Ca	\$ 0		\$ -				
B. State Costs by Source of Funds			Increased Costs	Decreased Costs			
GPR	\$		\$ -				
FED				-			
PRO/PRS			-	_			
SEG/SEG-S				<u>.</u>			
III. State Revenues - Complete this only when propose (e.g., tax increase, decrease in lie	state revenues	Increased Costs	Decreased Costs				
GPR Taxes	\$		\$ -				
GPR Earned							
FED				-			
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State Senator, 5th Senate District

TO:

Members of the Assembly Committee on Consumer Affairs

FROM:

Senator Peggy Rosenzweig

DATE:

March 23, 1998

RE:

SB 337

I am writing to both thank Representative Clifford Otte for holding this hearing today on Senate Bill 337 and to urge committee members to support the bill. This bill will simply transfer the regulation of music, art, and dance therapists from the Psychology Examining Board to the Department of Regulation and Licensing (DORL). This change has the support of the music, art and dance therapists, the Psychology Examining Board and DORL.

This bill finishes something started last session. In the last session, the Legislature passed 1995 Wisconsin Act 188, which stated that a person could not practice psychology unless he or she is granted a license by the Psychology Examining Board, with certain limited exceptions. One of those exceptions was for a person who practices music, art or dance therapy. However, this exemption sunsets after October 1, 1999.

The Psychology Examining Board was viewed as a temporary "home" for the music, art and dance therapists until the Board and the therapists could come up with a suitable, long-term alternative. Unfortunately, time and business pressure have caught up with the Board, and threaten to put the music, art and dance therapists in professional limbo, due to the sunset provision.

The bill before you accomplishes two goals. It transfers administration of oversight from the Board, which no longer wants the responsibility, to the Department of Regulation and Licensing. Under this bill, DORL would issue a certificate of registration as a music, art or dance therapist to a person who pays an initial credential fee and submits evidence that he or she is certified or accredited by a national organization approved by DORL. DORL would develop the scope of practice by rule. The bill also eliminates the October 1, 1999, sunset provision.

There is an urgent need to move this bill forward at this time. I would hope that the members of this committee can lend their support to this bill, which helps to solidify the exemption from the psychology practice act that exists now for music, art and dance therapists. If this bill is not passed and the sunset clause is not eliminated, then many dedicated professionals would face an uncertain future. I believe we need to pass this bill now to allow the music, art and dance therapists in Wisconsin to continue to enrich and improve the lives of their clients, and I would appreciate the support of the members of this committee.



State of Wisconsin $\$ Department of Regulation & Licensing

Tommy G. Thompson Governor

TESTIMONY SB 337 Before the COMMITTEE ON CONSUMER AFFAIRS 225 NW, CAPITOL

Marlene A. Cummings Secretary

1400 E. WASHINGTON AVENUE P.O. BOX 8935 MADISON, WISCONSIN 53708-8935 (608) 266-2112

Monday, March 23, 1998, 2:00 p.m.

Presenter: Marlene A. Cummings, Secretary, Dept. of Regulation and Licensing

Good afternoon Chairman Otte and members of the Committee. I appreciate having the opportunity to express the department's support for this, the least restrictive of all regulatory proposals you will see this year.

As you are no doubt aware, this proposal relates directly to WI 1995 Act 188 which amended the law changing the regulation of psychology from a title protection act to both a title and practice protection act. Like many comprehensive bills that have gone before, Act 188 was passed with some unintended consequences for the Creative Arts professionals: Art, Music and Dance Therapists. Under the new law, in order to provide services that fall within the practice of psychology:

- One has to either be licensed as a psychologist, 1.
- Have a state credential to practice one of the other health care professions, 2.
- Permitted to provide those services; 3.
- Or must be specifically exempt from the requirement of licensure. 4.

Under section 455.02(2m), music, art and dance therapists are so exempted, however, there is a sunset on the exemption. After October 1, 1999, the creative Arts professions would be required to have a license in order to provide services that can be construed as the practice of psychology, unless the sunset provision is removed.

This proposal will provide for state credentialing in the least restrictive way should the legislators decide to move from the indirect regulation of these professions to direct regulation through registration. We are not asking for regulation that does not already exist. We are asking that the regulation be specific and permissive for those who have proven their We think it is important to ensure that they are franchised to practice their This is especially true since we inadvertently contributed to the potential for professions. disenfrancishement.

DORL will be required to issue a certificate of registration as a music, art or dance therapist to a person who pays an initial credential fee and submits evidence that he or she is certified, registered or accredited by a national organization approved by DORL.

Are there any questions? Thank you for your attention and we hope you act favorably on this proposal.

Young, Dan

From:

Jolene Nelson[SMTP:jolene@inwave.com]

Sent:

Saturday, March 21, 1998 8:10 AM

To:

Rep.Otte

Subject:

SB 337

Representative Otte,

I cannot attend the hearing on 3/23/98 so I am sending you my testimony.

My name is Jolene J. Nelson, and I am a board certified music therapist with fourteen years of experience working with children. I am employed by a school district to provide music therapy services to children with educational exceptional needs.

Music Therapy is recognized as a related service to special education through the Federal Register's interpretation of PL 94-142, which has recently been revised as the Individuals with Disabilities Act (IDEA.) As a related service, music therapy is necessary for these children to succeed in their educational goals.

Music is a powerful source of motivation for many children with disabilities. For example, one of my students with Cerebral Palsy refused to walk more than a few steps in her walker. In my sessions she would march with her walker around the room over and over when music was played. Her physical therapist and the rest of her educational team were astounded when they witnessed this. They now incorporate music into their work with this child by consulting with the music therapist.

Many of the children I work with are autistic. They often have difficulty communicating, speaking in what seems to be their own language or speaking not at all. Yet time after time their parents tell me how these children love music. These children can sing "Old MacDonald," the "ABC Song" or TV themes like "The Brady Bunch." Through music therapy, this love of music can be shaped into functional language.

I worked with a young lady in high school who was both blind and autistic. She was very isolated from her peers due to the combination of these two disabilities. In our music therapy sessions I discovered that she had a strong auditory memory, capable of repeating long phrases of rhythm by playing on a drum. She also had perfect pitch and could tell the pitch name of any note sounded on a piano, other musical instrument, or even the bell used for the class periods. I showed her how to tune the timpani (Kettle Drums) and recorded her band parts for her to memorize. She was able to practice and perform with the high school concert band and pep band. I'll never forget how proud she was of her Parker Band T-shirt and her ability to belong to this group based on her strengths and not her disabilities.

Many of the successes I see using music therapy do not appear as dramatic. Some of my students learn to count, identify the day of the week, or know the names of coins through music therapy activities. Yet others work on the simple skill of just turning their head to hit a switch that starts a tape player. Music therapy makes learning motivating and fun.

My request of you today is to support SB337 to create a registry for creative arts therapists, including music therapists, in the State of Wisconsin. Most of the children with exceptional educational needs in the state of Wisconsin aren't fortunate enough to go to a school district that has a music therapist on staff. Their parents often have to seek music therapy services from a therapist in private practice. I am asking you to protect private practice therapists, as they provide a valuable service to these children and the other clients they serve.

Repsectfully submitted, Jolene J. Nelson MT-BC 915 E Milwaukee St Janesville WI 53545

copy to Comm.

March 18, 1998

The Wisconsin Chapter of the American Dance Therapy Association has worked in coalition with Music and Art Therapy Associations to obtain temporary exemption from the Psychology Association's restriction of practice bill. We urge your committee to approve Senate Bill 337 which would give our disciplines permanent protection through registry with the Department of Regulation and Licensing based on the protection of the public offered by our professional Association's registry or certification and our ethical practice provisions.

Jeanine Kold, M.A., DTR, President

WI Chapter of the American Dance Therapy
Association



American Dance Therapy Association 2000 Century Plaza Suite 108 Columbia, MD 21044

Dance/Movement Therapy Fact Sheet

- * As defined by the American Dance Therapy Association, "Dance/Movement Therapy is the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, and physical integration of the individual".
 - * Dance/movement therapy emerged as a distinct profession in the 1940's.
- * The American Dance Therapy Association was formed in 1966. It maintains a code of ethics and has established standards for professional practice, education and training.
- * There are approximately 1203 dance/movement therapists in 46 states and 20 foreign countries.
- * Dance/movement therapy is an effective treatment for people with developmental, medical, social and psychological impairments.
- * Dance/movement therapy is practiced in mental health, rehabilitation, medical, education, forensic and disease prevention and health promotion programs.
- * Dance/movement therapy is used with people of all ages, races, and ethnic backgrounds in individual, couples, family, and group therapy formats.
- * Entry into the profession of dance/movement therapy is at the Master's level. The title "Dance Therapists Registered (DTR) is granted to entry level dance/movement therapists who have a master's degree which includes 700 hours of supervised clinical internship. The advanced level of registry, "Academy of Dance Therapists (ADTR), is awarded only after DTR's have completed 3,640 hours of supervised clinical work in an agency, institution or special school, with additional supervision from an ADTR.

Examples of Recognition by the Federal Government

* Dance/movement therapy, art therapy and music therapy were included in resolutions issued to implement the Education for All Handicapped Children Act, P.L. 194-42 (1975) amended several times (1986, 1990). Later renamed Individuals with

Disabilities Education Act (IDEA).

- * Dance/movement therapy, art therapy and music therapy and psychodrama were represented on President Carter's Commission on Mental Health (1977).
- * Federal Civil Service Classification for Creative Arts Therapists (art, dance, music & psychodrama).
- * Dance/movement therapy received a Title IV grant, number 90 AM 0669 from the Administration on Aging, Department of Health and Human Services, Washington, DC (1993) to research "Dance/movement therapy with Older Individuals who have sustained Neurological Insult". Findings of the study strongly suggest that dance/movement therapy improved the functional abilities of the participants on a number of variables, i.e. balance, rhythmic discrimination, mood, social interaction and increased energy level.
- * Dance/movement therapist Sharon Goodill awarded exploratory grant from the Office of Alternative Medicine of the National Institute of Health (1993).
- * Dance/movement therapy, art therapy and music therapy have been recognized by the Health Care Financing Administration (HCFA) of the Department of Health and Human Services that may constitute covered elements of a partial hospitalization program in Medicare facilities (1996).



EDUCATIONAL INFORMATION

WHAT IS DANCE/MOVEMENT THERAPY?

It is a health profession that uses dance/movement as the medium for helping individuals develop, change, and function better physically, socially, cognitively, and emotionally.

WHAT DO DANCE/MOVEMENT THERAPISTS DO?

They work in hospitals, clinics, rehabilitation facilities, nursing homes, senior centers, and special schools with a wide variety of clients; they conduct individual and group sessions and collaborate with members of the professional staff; they use movement observation skills as part of a research team; they train other professionals to understand movement as communication and expression; and they consult with community leaders in recreation, education, and mental health.

WHAT KINDS OF WORK EXPERIENCE WOULD BE HELPFUL FOR A FUTURE DANCE/MOVEMENT THERAPIST?

Dance teaching of all kinds with all age groups, performing, choreographing, and working in human service professions such as recreation, teaching and social work.

WHAT UNDERGRADUATE PREPARATION SHOULD ONE HAVE?

Extensive dance experience and a liberal arts background with coursework in psychology. For specific prerequisites contact each graduate program.

WHAT DEGREE DO DANCE/MOVEMENT THERAPISTS RECEIVE?

Professional training is on the graduate level. Graduates receive a master's degree in dance/movement therapy. Graduates from an "approved" dance/movement therapy program are eligible for a D.T.R. (Dance Therapist Registered).

WHAT DOES APPROVAL OF GRADUATE PROGRAMS MEAN?

An approved program has met the basic educational standards of the American Dance Therapy Association.

WHAT DOES D.T.R. (DANCE/THERAPIST REGISTERED) MEAN?

It signifies to the public and professional communities that an individual is prepared to practice dance/movement therapy in a clinical, educational, or rehabilitative setting.

CAN ONE RECEIVE A D.T.R. WITH A MASTER'S DEGREE FROM A RELATED FIELD PLUS DANCE/MOVEMENT THERAPY COURSEWORK?

Yes, there is an alternate route which requires a master's degree, specific dance/movement therapy courses and supervised internships. For further information write to A.D.T.A., 2000 Century Plaza, Suite 108, Columbia, Maryland 21044, for materials on the alternate route D.T.R. requirements

WHAT DOES A.D.T.R. (ACADEMY OF DANCE/THERAPISTS REGISTERED) MEAN?

This is the advanced level of registry, signifying that an individual has the education and experience to teach dance/movement therapy and to supervise interns.



AMERICAN DANCE THERAPY ASSOCIATION

Code of Ethical Practice of the American Dance Therapy Association

PREFACE TO CODE: The following Code of Ethical Practice sets forth ethical obligations of dance/movement therapists. The purpose of the Code is to define responsible professional behavior for dance/movement therapists and make this known to the community at large.

The ADTA defines dance/movement therapy as "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual".

The ethical obligations set forth in the principles below are rules of conduct governing the individual dance/movement therapist and the profession of dance/movement therapy for the purpose of protecting the public, safeguarding professional standards and fostering individual moral integrity.

At this time, no state has established license structures specifically for dance/movement therapists. However, in some states dance/movement therapists may qualify for licensure under other professional titles. Members of the American Dance Therapy Association, Dance Therapists Registered and members of the Academy of Dance Therapist Registered, are advised to carefully investigate their own state license structures as a means of staying informed of professional and legal rights and obligations of therapists, as well as legal rights and requirements for private practice.

CODE

A dance/movement therapist:

- 1. Practices upon completion of professional education and training and does not misrepresent the level of training completed.
- 2. Adheres to the treatment responsibilities of the therapeutic contract.
- 3. Knows and complies fully, with all laws and regulations pertaining to the protection of the public in the practice of dance/movement therapy.
 4. Practices under supervision appropriate to professional status.
- 5. a. Engages in dance/movement therapy practice only when identified by the American Dance Therapy Association as a Dance Therapist Registered (DTR).
- b. Engages in private dance/movement therapy practice or training of dance/movement therapists only when identified by the American Dance Therapy Association as a member of the Academy of Dance Therapists Registered (ADTR).
- 6. Respects and protects the legal and personal rights of clients.
- 7. Affiliates professionally with individuals or organizations which practice according to approved ethical standards.

8. Represents the profession and the individual roles within the profession honestly; adheres to professional standards in announcing services and reporting unprofessional conduct.

Practices solely in the areas for which one has been trained and is

professionally qualified to perform.

10. Plans and conducts dance/movement therapy consistent with overall treatment program of the setting.

This code is designed to be used together with the Ethical Standards of Practice of Dance Therapists Registered, Members of the Academy of Dance Therapists Registered, and Members of the American Dance Therapy Association.

Approved ADTA Board of Directors October, 1969 Revised, May 19, 1973 Revised, January 24, 1974 Revised, May 20, 1977 Revised, May 19, 1979 Revised, October 22, 1981 Revised, October 20, 1983 Revised, November, 1985 Revised, November, 1988

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34700 Valley Road Oconomowoc, WI 53066 1-800-767-4411

PROFESSOINAL TESTIMONIAL FOR HEARING ON BILL 337

We would like to offer support for the recent Bill 337 which would permanently exempt the Creative Arts Therapies from the "restriction of practice" bill. This would allow Creative Arts Therapists to continue to practice and be registered in the state of Wisconsin.

It has been our experience that all the Creative Arts Therapies have been not only a great benefit but an important component to the care we receive and offer here at Rogers Memorial Hospital.

NAME	RESIDENCE/TOWNSHIP
· Elizabeth Kempain	Delapiel 14
2. Hanry Beliell	Dolge W:
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5. Aug Denicala	Sursey Wi
6. Kachleen a Mirisburg	Mediany Wes
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MEMORIAL HOSPITAL

http://www.rogershospital.org 34700 VALLEY ROAD OCONOMOWOC, WI 53066 1.800.767.4411 414.646.4411 FAX 414.646.3158



PROCEDURAL INFORMATION AND REQUIREMENTS FOR DANCE THERAPY REGISTRY – A.D.T.R. LEVEL

The A.D.T.R. level stands for the advanced level of dance/movement therapy practice. The A.D.T.R. signifies both the second level of entry into the profession and the individual's preparedness to provide training in dance/movement therapy and engage in private practice.

DANCE THERAPY COMPETENCIES

Individuals achieving the A.D.T.R. level have:

- Integrated the dance/movement therapy body of knowledge and a theoretical framework within professional practice.
 - a. Interventions within sessions are goal oriented/serving specific needs of clinical populations.
 - b. Interventions within session are congruent with a theoretical frame of reference.
- 2. The ability to communicate clearly on the issues surrounding one's professional role, clinical work, and dance/movement therapy body of knowledge.
- 3. The ability to demonstrate responsibility for professional self-evaluation.

CODE OF ETHICS

Applicants are required to support and abide by the ADTA Code of Ethical Practice and Standards of Practice.

REGISTRY REQUIREMENTS

Requirements for Registry are set by Committee recommendation with final approval by the Board of Directors of A.D.T.A.

Dance/movement therapy involves a theoretical understanding of a specific process of working. It does not involve simply the application of discrete methods such as yoga, bioenergetics, Alexander, Feldenkrais, relaxation, etc.

The American Dance Therapy Association has established the A.D.T.R. as the advanced level of practice in the profession. At this time there is one route to attaining entry into this level.

Applicants for the A.D.T.R. are eligible to apply if they have:

- been granted the D.T.R.
- 2. maintained the D.T.R. maintenance fee
- 3. submitted a completed application
- 4. listed the names of three (3) mental health professionals who are familiar with the applicant's work and who would be willing to send letters of recommendation upon request. One of the names must be the A.D.T.R. supervisor who supplied the required 24 hours of supervision (see page 3, 6b), and who has recently (within the last 2 yrs) seen the applicant's work; one letter of recommendation must be from a current clinical supervisor. One letter of recommendation must come from the supervisor who provided the majority of supervision hours.

REGISTRY REQUIREMENTS continued

5. Clinical Hours

Completed two (2) years of clinical employment beyond the graduate degree. This is defined as the following:

Paid employment as a dance/movement therapist for at least two (2) years full time or its equivalent (i.e., 3,640 hours), within a psychotherapeutic model, the major percentage of hours having been acquired within the past seven (7) years. Dance/movement therapy employment must be supervised by an A.D.T.R. or licensed/registered mental health. professional (Code of Ethical Practice) and in a treatment setting, preferably as a member of a treatment team. It is not required that the job title be specifically "dance therapist" or "movement therapist." However, it must be verified by the employer that the applicant works primarily as a dance/movement therapist, regardless of job title.

The following types of employment count towards completion of the paid clinical hours requirements:

- a. Paid hours as a dance/movement therapist in a clinical setting, a licensed treatment facility, nursing home, or a special education setting which meets the following criteria:
 - 1) identified population determined by standard diagnostic procedures administered by qualified mental health professionals;
 - 2) referral to dance/movement therapy program is based upon therapeutic rationale;
 - 3) dance/movement therapy sessions must have clear treatment goals, with dance/movement therapists accountable for treatment outcome;
 - 4) supervision by a mental health professional.
- b. Team practice which meets the following criteria: (Note: hours in this setting may account for up to one-third of the total 3640 paid clinical hours requirement).
 - practice as part of an interdisciplinary treatment team of three or more mental health professionals including a licensed board-eligible psychiatrist (who may be a consultant);
 - 2) diagnosis and referral of patients made by the other licensed members of the team;
 - 3) solicitation of clients by the dance/movement therapist is not permitted;
 - 4) adherence to state and federal regulations dealing with private practice in a team setting.

The following do not count toward the accrual of clinical practice hours:

- a. Internships, work/study programs and fieldwork are considered dance/movement therapy training, not clinical practice.
- b. No credit towards paid clinical employment is given for conducting workshops or courses.
- c. Paid clinical hours accrued prior to, or during, in-depth dance/movement therapy training (before the internship).

REGISTRY REQUIREMENTS continued

6. ADTR Supervision

Completion of forty-eight (48) hours of clinical supervision by an ADTR over the 3,640 hours of clinical employment.

- a. The forty-eight (48) hours may include supervision provided in person individual one-to-one consultations, in person group consultations, off-site or on-site consultations and observation time during dance/movement therapy sessions conducted by supervisor, or supervision provided through videotape, audiotape, telephone, mail and fax, electronic mail and on-line consultations.
- b. a minimum of twenty-four (24) hours of ADTR supervision *must* be with the same supervisor.
- c. A minimum of twenty-four (24) hours of supervision *must* be individual one-to-one consultation (including in person consultations and observations time during dance/movement therapy sessions or supervision through videotape, audiotape, telephone, mail, fax, electronic mail and on-line consultations).
- d. At least one supervisor *must* have observed not less than two (2) dance/movement therapy sessions per year, conducted by the applicant (in person or on videotape). (effective in 1999).
- e. All forty-eight (48) hours may be in-person supervision, but if applicant has not accrued any in-person supervision hours, a minimum of two (2) of the other forms of supervision must be provided.
- f. In-person supervision can include:
 - on-site, observed supervision (in-session hour(s) and post-session processing hour(s) are counted toward the 48 hours)
 - individual, off-site supervision in which the dance/movement therapist and supervisor meet without patients
 - group off-site supervision in which the dance/movement therapist meets with a group of peers with one supervisor. A maximum of 24 hours spent in this group can be counted toward the 48 hours. A maximum of four (4) hours for any *one* (1) group or individual supervisory session will be accepted.
- g. Videotape supervision hours are determined by the length of time it takes for the supervisor to view the tape and for the supervisor and the supervisee to process the tape together.
- h. Supervision hours accrued through audiotape, telephone, mail, fax, electronic mail and on-line consultations are determined by the length of time supervisor and supervisee are engaged in phone or on-line consultations or by the length of time it takes for the supervisee to write a letter or to record comments on an audiotape plus the length of time it takes for the supervisor to read or to listen and to respond to the supervisee. A maximum of two (2) hours of any one supervisory consultation will be accepted if supervision is provided through audiotape, telephone, mail, fax, electronic mail or on-line (e.g., if your telephone consultation lasted four hours, you may only count two (2) hours towards the forty-eight (48) hours of required supervision by an ADTR). The material discussed through these forms of supervision should consist of a self-evaluation, the written process of a session, questions, feedback and clarifications.

REGISTRY REQUIREMENTS continued

6. ADTR Supervision

- i. The supervisee is responsible for keeping track of supervision hours with the supervisor on the Supervision Hours Tracking Form (SHTF). After the ADTR candidate has submitted the application, the supervisor will be required to (1) verify the number and kinds of supervision given and (2) to fill out a summary Evaluation and Documentation form (E&D). The National Office will mail the summary E&D form to the supervisor. Do not include the SHTF in the application packet. Answering Page 7, section VII of the application, titled A.D.T.R. Supervision, for each supervisor will suffice. If there is a discrepancy between supervisor's and applicant's reported hours of supervision, the application and will be pended and submission of SHTF will be requested for further verification. Both the supervisor and the supervisee must sign the SHTF.
- j. All forms of supervision should follow the criteria outlined in the E&D form included in the application packet. Please pay careful attention to the guidelines regarding confidentiality.
- k. It is recommended that the supervisor and supervisee get acquainted with the SHTF and the E&D at the onset of the supervisory relationship. Applicants may photocopy page of the application, the SHTF, and the E&D. Please complete and include in your application a copy of page of for each supervisor. Each supervisor will receive a supervision hours verification form and an E&D after the application has been submitted. The supervisor must send them to the National Office by February 15, 1998.

PROCEDURAL INFORMATION

- 1. Before applying, applicants should request a current application form from the ADTA National Office. After reading the requirements, please send for the appropriate form. Application forms usually change annually.
- 2. Applicants may apply by January 15 if they have completed 3640 total paid clinical hours and forty-eight (48) hours of supervision by an ADTR.
- 3. Applications must be postmarked by *January15*. All support materials, including letters of recommendation, employment verifications, and ADTR supervision forms, *must* be submitted by *February 15*. It is the applicant's responsibility to maintain contact with the National Office and to ensure the receipt of missing documen tation. Incomplete applications will be automatically pended by the committee.
- 4. Applications are considered at one time of the year only, in the spring when the Credentials Committee holds its annual meeting.
- 5. It is incumbent upon the applicant to fill out the application in an accurate, complete and typed form. Please proofread carefully for errors and content. Applications will be returned if they are not typed and legible. Please be sure that all names and addresses in your application are complete and include zip codes. The National Office will be mailing requests for letters of recommendation and verfications of employment to the references and employers you list on your application.
- 6. Each of the essays (Theoretical Framework and Session Analysis) is to be a maximum of four (4) double-spaced typed pages each. If this limit is exceeded, the application will not be reviewed, will receive no further consideration and will be returned to the applicant. The applicant may submit a new application and non-refundable fee the following year.

PROCEDURAL INFORMATION continued

- 7. It is expected that *all* support materials will be *typed*. Please inform individuals writing letters on your behalf of this requirement.
- 8. Applicants are required to submit one (1) original and three (3) photocopies of their application to the National Office.
- 9. All applications must be signed under oath of a Notary Public.
- 10. The applicant must sign the job verification release forms and return them with the application to the ADTA National Office. Failure to sign and return these promptly will delay the processing of your application.
- There is a non-refundable fee of \$110 for A.D.T.A. member and non-member applications. This fee covers the processing of the application by the office staff and the Committee.
- 12. It is recommended that you mail your application "certified receipt requested" and retain a copy of your application for your records in the event it is lost in the mail.
- All official communications *must* be in writing. Clarification of issues are handled by the Chairperson only.

PROCESSING OF APPLICATIONS

1. Applications for the ADTR will be reviewed by the ADTR Committee in the spring. Applicants will receive notification of the Committee's decision approximately six (6) weeks after the spring meeting.

PENDING STATUS

- 1. If there is a question about an application, the Committee may request additional written information.
- Applicants who have been pended for additional information have one year from June l of the year when their application was first assessed in which to make up deficiencies. This information may be submitted any time within the year. Beyond that time, the applicant must re-apply and submit a new application fee; no extension requests by applicants will be considered. However, the Committee may extend the assessment of the application beyond the deadline to meet its own evaluation requirements if unexpected problems arise which make it impossible to review material or to meet as a Committee.

Focus on Dance VII: Dance Therapy. Reston, VA, AMIPERD, 1974.

DancetherapyinPerspective

Claire Schmais

Dance therapy is a form of psychotherapy in which the therapist utilizes movement interaction as the primary means for accomplishing therapeutic goals. The dance therapist extrapolates those ingredients from dance that enable the patient to move towards healthier functioning. Movement is the medium of dance therapy just as words are the medium of verbal therapy. The therapist and patient engage in a movement dialogue creating a new dance — a dance of health.

Major Assumptions Concerning Dance Therapy Practice

I would now like to postulate three major assumptions concerning the practice of dance therapy:

- 1. Movement reflects personality.
- 2. The relationship established between the therapist and patient through movement supports and enables behavioral change.
- 3. Significant changes occur on the movement level that can affect total functioning.

A basic premise underlying the practice of dance therapy is that the visible movement behavior of individuals is analogous to their intrapsychic dynamics. There is no dichotomy between the workings of the mind and the behavior of the body. The dance therapist deals with the total personality as it is expressed in body movement. How people feel or how they repress and restrict feelings is visible in the movement. Bodies become sculpted by life experiences — actions, reactions and interactions. How we move is an amalgam of our hereditary make-up and our experiences as part of a family, a culture and an environment. How we move reflects how we were touched as infants, how much freedom we were allowed as toddlers, the games we played, the friends we played with, the work we've done, the people we loved, the roles we played, and the stresses and strains we faced. Our patterns also reflect what we have learned and what we have learned to hide. . . .

As a result of the therapeutic movement process, significant changes occur. Patients learn to see themselves differently. Changes occur in their body image (5). The act of moving together literally mobilizes people. The energy released tends to reduce fragmentation, to diminish defenses and to permit the integration of feelings, thoughts and actions. Changes often occur in movement before they occur in other areas (19).

Through the movement interaction repressed feelings provide the basis for interactions. Patients become aware of not only what they must and can do but also how they can do it and with whom.

Basic Characteristics of Dance Therapy

Besides the vital contribution to patient health, dance therapy has an important role to play in the therapeutic community. The dance therapist can sensitize members of the entire staff to their own movement behavior and the movement of the patient. Staff can become aware of how they approach patients, how they respond and are responded to, how they touch and how others react to their touch. It provides the staff with additional evaluative material. The awareness of body movement can add to the knowledge about patients. It can reflect conflicts, defenses, and repressed emotions. The movement patterns may support or contradict the verbal behavior and in some instances can anticipate later verbalizations or actions (18). This understanding of movement behavior can serve as a barometer of change for the individual as well as for the entire community. Because we all "move," it can cut across all populations, age categories, language and cultural differences, and varying socioeconomic levels. An entire psychiatric ward can participate, i.e., all levels of staff, psychiatrists to aides, and the total patient population (the regressed, the acting out, and the withdrawn) can equally share this common experience.

HANCOCK CENTER FOR MOVEMENT ARTS & THERAPIES, INC. A CENTER FOR DANCE/MOVEMENT THERAPY

16 NORTH HANCOCK STREET • MADISON, WI 53703 • (608) 251-0908

Professional Testimonials for Hearing on Bill 337

December 5, 1997

"Rena Kornblum, Coordinator of the Child and Family Program at Hancock Center, has been conducting a demonstration of prevention through movement [therapy] with one group of third graders this semester at Marquette Elementary School. The students have responded enthusiastically and the positive aspects of the program have enhanced student behavior in the classroom.

Marty Powers
Principal, Marquette Elementary School, Madison, WI

Re: 96/97 academic year

"The intensive [dance/movement] therapy program has continued to have strong impact on our students. Aggression that was happening almost daily was significantly reduced for several students....Teachers noted positive changes in their students' ability to express feelings appropriately, get needs met, manage anger, perform academic skills and stay focused."

Barbara Thompson, Principal, Lapham Elementary School, Madison, WI

November 27, 1995

"This past summer we looked into dance and movement therapy as an additional treatment for two of the girls. We felt it would compliment our inpatient treatment and address some of the same issues through creative movement and dance. We were pleased with the summer experience and feel that the Hancock Center provided a much needed service to our patients."

Janice Glynn, OTR Mendota Mental Health Institute, Madison, WI

April 25, 1995

"Staff is very knowledgeable about sexual abuse issues. Staff is willing to be part of a team and attend meetings periodically. The [dance] movement component isn't offered by other service providers. It's an important element in the therapeutic process. Thanks for all your good work."

Jill Cohen Kolb Director, Family Sexual Abuse Treatment Center Madison, WI